

Aboite Animal Clinic Welcome!

NEW CLIENT INFORMATION

NEW ACCOUNT #: _____

Owner Name _____ Spouse Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email Address _____
 Employer _____ Occupation _____
 SS# _____

How did you hear of our clinic?

Radio <input type="checkbox"/>	Drove By <input type="checkbox"/>	Facebook <input type="checkbox"/>	Internet Search <input type="checkbox"/>	TV <input type="checkbox"/>
FWACC <input type="checkbox"/>	SPCA <input type="checkbox"/>	Employer Perk <input type="checkbox"/>	Phone Book <input type="checkbox"/>	Angies List <input type="checkbox"/>
Twitter <input type="checkbox"/>	Event <input type="checkbox"/>	Website <input type="checkbox"/>	Online Appointment <input type="checkbox"/>	Pinterest <input type="checkbox"/>
		Instagram <input type="checkbox"/>	Flyer/Coupon <input type="checkbox"/>	

Personal Reference: _____ Other: _____

PATIENT INFORMATION

Pet's Name _____ Age/Birthday _____ Male Female
 Spayed/Neutered? Yes / No Breed _____ Color _____

Pet's Name _____ Age/Birthday _____ Male Female
 Spayed/Neutered? Yes / No Breed _____ Color _____

Pet's Name _____ Age/Birthday _____ Male Female
 Spayed/Neutered? Yes / No Breed _____ Color _____

Pet's Name _____ Age/Birthday _____ Male Female
 Spayed/Neutered? Yes / No Breed _____ Color _____

Treatment Release:

I give permission to Dr. Sunil Gupta and/or his staff to perform any and all techniques and procedures, including but not limited to the administration of sedation and anesthetics. This release is valid until expressly revoked. I further agree to be financially responsible for all treatment rendered. The undersigned hereby agrees to pay on the account as services are rendered promptly upon receipt of the statement unless other financial arrangements have been made. The undersigned further understands that a finance charge of 1 1/2 % per month (18% per annum) will be added to any balance over 30 days. In the event of default, the undersigned agrees to pay such collection costs and reasonable attorney fees as may be required to effect collection of the outstanding debt.

Signature: _____ Date: _____

Welcome to Aboite Animal Clinic, "Where Happy Pets Make Healthy Pets"